

State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor Jorge Gomez, Commissioner

Wisconsin.gov

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VEHICLE PROTECTION PRODUCT WARRANTY ANNUAL REGISTRATION

Chapter 100.203, Wis. Stat., requires that as a condition prerequisite to the continuation of a vehicle protection product warranty registration in Wisconsin, every warrantor shall by April 30 of each year submit the following:

- The attached form OCI 21-051.
- A \$250.00 annual continuation of license fee.
- Copies of all warranties not previously filed with this office.
- One of the following evidencing the warrantor compliance with the financial responsibility requirements of s. 100.203 (3), Wis. Stat.:
 - a) A copy of the warranty reimbursement insurance policy, or
 - b) If the warrantor's net worth, or the total of all outstanding ownership interests in the warrantor, is at least \$50,000,000, provide a copy the warrantor's SEC form 10-K or form 20-f, filed within the preceding year or audited financial statements for the preceding year prepared in accordance with generally accepted accounting principles, or
 - c) If the warrantor's parent entity's net worth is at least \$50,000,000, provide a copy of the parent entity's SEC form 10-K or form 20-f, filed within the preceding year or audited financial statements for the preceding year prepared in accordance with generally accepted accounting principles. Also provide a copy of the parent entity's organizational chart and the parent entity's a legally binding, non-revocable guarantee of the obligations of the warrantor relating to warranties issued by the warrantor in this state.

If a warrantor fails to register by the April 30 renewal deadline, the warrantor will be fined \$100.00 per week starting the week after the deadline date until the registration is received. The warrantor shall have 30 days to complete the renewal before its registration is suspended.

If the warrantor's registration is suspended, the suspension shall last until the warrantor registers and pays any late payment, except that the registration shall be terminated one year after the renewal deadline if the warrantor has not registered or paid any late payment.

If you have any questions or concerns, please feel free to contact Mr. Steven Junior (608) 267-4388 or Ms. Yvonne Sherry (608) 266-0091.

Enclosure

VEHICLE PROTECTION PRODUCT WARRANTY ANNUAL REGISTRATION

Ref: s. 100.203, Wis. Stat. ch. 14, Wis. Adm. Code

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Return this form by APRIL 30 of each year, and within 30 days of any change.

1.	Name of warrantor					
2.	Any other names under which the warrantor will do business in this state					
3.	Street address					
	City	State	Zip	Telephone	e Number	
4.	Contact name					
	Contact telephone number					
5.	Has the warrantor's designated agent for service of process changed?					
	If yes, please submit a completed De registration. (http://oci.wi.gov/ociform		gent for Service o	f Process form	along with this	
	Name of the warrantor's executive officer directly responsible for the warrantor's vehicle protection product business					
	Telephone number					
	List each warranty that the warrantor is currently issuing in this state. For those warranties previously filed with this office, please include the form number. Please submit a copy of any warranty not previously filed with this office.					
					Date of First	
	Warranty Des	cription	Form Number	Date Filed	Use in WI	
8.	ist each warranty that the warrantor has discontinued issuing in this state since the last report					
	Warranty Des	cription	Form Number	Date of First Use in WI		
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				 	-	

9. Name of administra	or that the warrantor designate	es to be responsible for the	administration of warranties				
10. Street address of administrator							
City	State	Zip	Telephone Number				
(ref: s. 100.203 (3),	following methods does the war Wis. Stat.). eimbursement Insurance Policy	. ,	do business in this state				
The warran \$50,000,000		ll outstanding ownership in	terests in the warrantor, is at least				
The warran	tor's parent entity's net worth is	s at least \$50,000,000.					
I hereby certify that the knowledge.	information provided above an	d attached is complete and	d accurate to the best of my				
Title of Officer		Name of Officer					
Date		Signature of Officer					
		l					